

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/577251

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

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IND.

DEP.

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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.

3



TOTAL DEP.

56



TOTAL CLAIMS

59